CITY OF WEST COLUMBIA APPLICATION FOR PARADE OR ACTIVITY

| Name of Applicant: | |
|--|------------|
| Address of Applicant: | |
| Telephone Number(s): | |
| Name of Organization/Business: | |
| Route of Procession/Location of Activity: | |
| Purpose: | |
| Number of Units/Persons: | |
| Date/Time of Event: | |
| From to | , Date |
| | |
| Person(s) responsible for conduct and liability of activity: | |
| Name: | Name: |
| Address: | Address: |
| Phone #: | Phone #: |
| Space between parade units: | |
| Print Name: | Signature: |
| Approved by: | Denied by: |
| Conditions/Comments: | |
| | |